

Please Read Instructions:

TRANSCRIPT ORDER

DUE DATE:

1. NAME Brian O'Shea		2. PHONE NUMBER (469) 362-8506	3. DATE 3/1/2023
4. DELIVERY ADDRESS OR EMAIL brian_o'shea@fd.org		5. CITY Frisco	6. STATE TX
7. ZIP CODE 75034			
8. CASE NUMBER 4:23cr18	9. JUDGE Johnson	DATES OF PROCEEDINGS	
		10. FROM 2/16/2023	11. TO 2/16/2023
12. CASE NAME United States vs. Ali Hemani		LOCATION OF PROCEEDINGS	
		13. CITY Plano	14. STATE Texas
15. ORDER FOR			
<input type="checkbox"/> APPEAL	<input checked="" type="checkbox"/> CRIMINAL	<input type="checkbox"/> CRIMINAL JUSTICE ACT	<input type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL	<input type="checkbox"/> CIVIL	<input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> OTHER

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING	02/16/2023		

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		

CERTIFICATION (18. & 19.)

By signing below, I certify that I will pay all charges
(deposit plus additional).

18. SIGNATURE <i>/s/ Brian O'Shea</i>	ESTIMATE TOTAL	0
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19. DATE 3/1/2023	PHONE NUMBER
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TRANSCRIPT TO BE PREPARED BY	COURT ADDRESS	
ORDER RECEIVED	DATE	BY
DEPOSIT PAID		DEPOSIT PAID
TRANSCRIPT ORDERED		TOTAL CHARGES
TRANSCRIPT RE CEIVED		LESS DEPOSIT

ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT		TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT		TOTAL DUE	0

DISTRIBUTION:

COURT COPY

TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY